

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022134

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

43
FILED JUN 19 1962

Primary Registration District No.

3007

Registrar's No.

829

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Poplar Bluff

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Doctor's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Arkansas

b. COUNTY

Clay

c. CITY

OR
TOWN Corning

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Rt. 1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

EDNA

Middle

IRENE

Last

GOODMAN

4. DATE
OF
DEATH

Month

Day

Year

June 9, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-7-1915

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10

2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Success, Arkansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

W. E. Pulliam

13b. MOTHER'S MAIDEN NAME

Gertrude Shaver

14. NAME OF HUSBAND OR WIFE

Don Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Rt. 1

Don Goodman Corning, Arkansas

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized metastatic Carcinoma

DUE TO (c)

Carcinoma of left breast.

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Anemia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5-1-62

to 6-9-62

and last saw her alive on 6-9-62

Death occurred at

2:00 P M

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

David V. Miller M.D.

22b. ADDRESS

22c. DATE SIGNED

6-14-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6-11-62

23c. NAME OF CEMETERY OR CREMATORY

Richwood Cemetery

23d. LOCATION (City, town, or county)

Rt. 1, Corning, Ark.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Russell-Ermert Corning, Ark.

25. DATE RECD. BY LOCAL REG.

6/15/1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lester D. Russell

Licensed Embalmer No. 3855

P. O. Address

Corning, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.